

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter

7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Health Benefits Pain Management Services LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 16-1676173

4. Debtor's address

Principal place of business

2923 N. California Ave., Suite 210  
Chicago, IL 60618

Number, Street, City, State & ZIP Code

Cook

County

Mailing address, if different from principal place of business

836 S. Arlington Heights Rd.  
PO Box 318  
Elk Grove Village, IL 60007

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) None

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor

**Health Benefits Pain Management Services LLC**

Case number (if known)

Name

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

## C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.6211**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	<b>Health Benefits Physicians Services, LLC</b>	Relationship	<b>Affiliate</b>
District	<b>Northern District of Illinois</b>	When	<b>1/11/17</b>
		Case number, if known	_____

Debtor **Health Benefits Pain Management Services LLC**  
Name

Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor

**Health Benefits Pain Management Services LLC**

Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 11, 2017**

MM / DD / YYYY

**X /s/ John Kim**

Signature of authorized representative of debtor

**John Kim**

Printed name

Title **Member**

**18. Signature of attorney**

**X /s/ Daniel A. Zazove**

Signature of attorney for debtor

Date **January 11, 2017**

MM / DD / YYYY

**Daniel A. Zazove**

Printed name

**Perkins Coie LLP - Chicago**

Firm name

**131 S Dearborn Street**

**Suite 1700**

**Chicago, IL 60603-5559**

Number, Street, City, State & ZIP Code

Contact phone **312-324-8400**

Email address **DZazove@perkinscoie.com**

**ARDC No. 3104117**

Bar number and State

Debtor **Health Benefits Pain Management Services LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM/DD/YYYY

X

Signature of authorized representative of debtor

**John Kim**

Printed name

Title **Member**

**18. Signature of attorney**

X

Signature of attorney for debtor

Date

MM/DD/YYYY

**Daniel A. Zazova**

Printed name

**Perkins Coie LLP - Chicago**

Firm name

**131 S Dearborn Street**

**Suite 1700**

**Chicago, IL 60603-5559**

Number, Street, City, State & ZIP Code

Contact phone **312-324-8400**

Email address

**ARDC No. 3104117**

Bar number and State

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re: ) Chapter 7  
)  
HEALTH BENEFITS PAIN )  
MANAGEMENT, LLC, )  
)  
Debtor. )

----- )  
In re: ) Chapter 7  
)  
HEALTH BENEFITS PHYSICIANS )  
SERVICES LLC )  
Debtors. )

**DECLARATION OF JOHN KIM**

1. Health Benefits Physicians Services LLC (“HBPS”) is an Illinois limited liability company that provided pain diagnosis and management.

2. Health Benefits Pain Management, LLC (“HBPM,” and together with HBPS, the “Companies”) is an Illinois limited liability company that provided payroll processing for HBPS.

3. I am the sole Member of HBPM, which is itself the sole Member of HBPS. I have personal knowledge of the matters stated in this declaration.

4. HBPS has ceased providing healthcare services and neither of the Companies is currently in operation.

5. The Companies have referred their remaining patients to Midwest Anesthesia and Pain Specialists, S.C. (“MAPS”) for ongoing services. Any patients that do not want to transfer to MAPS are free to go to any other medical provider. MAPS is using an office at 2923 N California Ave, Chicago, IL 60618 to see the Companies’ remaining patients as well as their own patients.

7. The Companies are in the process of turning over all of their medical records to MAPS, which will be responsible for the maintenance of those records and will make those records available to current and former patients and their physicians.

8. Accordingly, there is no need to appoint an official to care for any patient or to take custody of any of the Companies' medical records.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing statements are true to the best of my knowledge, information and belief.

Dated: \_\_\_\_\_

1-10-17

  
\_\_\_\_\_  
John Kim

**HEALTH BENEFITS PAIN MANAGEMENT SERVICES, LLC  
HEALTH BENEFITS PHYSICIANS SERVICES LLC**

**WRITTEN CONSENT  
OF  
SOLE MEMBER AND MANAGER**

**As of January 10, 2017**

The undersigned, constituting the sole member and manager of Health Benefits Pain Management Services, LLC, an Illinois limited liability company ("HBPM"), which is itself the sole member and manager of Health Benefits Physicians Services LLC, an Illinois limited liability company ("HBPS," and together, "the Companies") do hereby consent to and approve of the following actions, in lieu of an annual or special meeting, which actions shall have the same force and effect as if taken by a unanimous affirmative vote at a meeting duly called and held pursuant to Companies' operating agreements, and direct that this written consent to such action be filed in the records of the Company.

**WHEREAS**, the undersigned represents the sole Member and Manager of HBPM, which is the sole Member and Manager of HBPS;

**WHEREAS**, the undersigned has considered (i) the Companies' assets, liabilities and liquidity, (ii) the strategic alternatives available to the Companies in connection therewith, and (iii) the impact of the foregoing on the Companies' business; and

**WHEREAS**, the undersigned believe it to be advisable and in the best interests of the Companies, their creditors, members and other parties in interest for the Companies to seek relief under the provisions of Chapter 7 of Title 11 of the United States Code (the "Bankruptcy Code");

**NOW, THEREFORE, BE IT:**

**RESOLVED**, that in the judgment of the undersigned, it is desirable and in the best interests of the Companies, their creditors, members, and other parties in interest, that the appropriate Managers, Members, officers and/or directors of the Companies take any and all actions necessary to file for protection under Chapter 7 of the Bankruptcy Code;

**RESOLVED FURTHER**, that the Companies shall seek relief and file a petition for protection under Chapter 7 of the Bankruptcy Code (the "Bankruptcy Filings");

**RESOLVED FURTHER**, that (i) the engagement of the law firm of Perkins Coie LLP ("Perkins Coie") as counsel for the Companies in connection with the Companies' Bankruptcy Filings is hereby adopted and approved and (ii) the previously approved engagement of Perkins Coie as the Companies' legal counsel in connection with the potential restructuring of the Companies is hereby ratified, acknowledged and affirmed;



**RESOLVED FURTHER**, that each of the lawful acts of any of the Managers, Members, or such other officers of the Company, taken prior to the date hereof in connection with the transactions contemplated by the foregoing resolutions, are hereby ratified, approved, adopted, and confirmed as if each such act had been presented and approved prior to being taken;

**RESOLVED FURTHER**, that the undersigned hereby is authorized, empowered, and directed to certify and furnish such copies of these resolutions and such statements as to the incumbency of the Companies' Managers, Members, officers and/or directors, under seal if necessary, as may be requested, and any person receiving such certified copy is and shall be authorized to rely upon the contents thereof; and

**RESOLVED FURTHER**, that this consent may be executed by facsimile, telecopy or other reproduction, and such execution shall be considered valid, binding and effective for all purposes.

IN WITNESS WHEREOF, the undersigned have executed this written consent as of the date first set forth above.

Health Benefits Physicians Services LLC

By: Health Benefits Pain Management Services,  
LLC, its sole Member and Manager

By:

  
\_\_\_\_\_  
John Kim  
Sole Member and Manager

Artelio Watson M.D.  
136 Humphrey  
Oak Park, IL 60302

Barack Ferrazzano Kirschbaum & Nagelberg  
Attn Ed Malone  
200 W. Madison St., Suite 3900  
Chicago, IL 60606

Chicago Medical Properties, LLC  
M.B. Real Estate  
181 W. Madison St., Suite 4700  
Chicago, IL 60602

Daniel A. Zazove  
Perkins Coie LLP  
131 S. Dearborn Street, Ste 1700  
Chicago, IL 60603

David Rosania M.D.  
c/o Presence Medical Group  
2900 N. LakeShore Drive, 12th Fl.  
Chicago, IL 60657

Di Monte & Lizak, LLC  
Attn Julia Jensen Smolka  
216 Higgins Rd.  
Park Ridge, IL 60068

Health Benefits Pain Management Services  
836 S. Arlington Heights Rd.  
PO Box 318  
Elk Grove Village, IL 60007

Illinois Department of Revenue  
Bankruptcy Section  
PO Box 64338  
Chicago, IL 60664-0338

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

M. V. Kuper, P.C.  
500 W. Palatine Rd., Suite 104  
Wheeling, IL 60090-5835

Mckesson Medical-Surgical  
PO Box 634404  
Cincinnati, OH 45263-4404

Nuance  
One Wayside Road  
Burlington, MA 01803

Pitney Bowes  
2225 American Drive  
Neenah, WI 54956-1005

Presence Health Services  
5747 Dempster St., Suite 200  
Morton Grove, IL 60053

Quentin Road Partners, LLC  
c/o GK Development, Inc.  
257 East Main St., Suite 100  
Barrington, IL 60010

Randolph Chang M.D.  
c/o APAC Illinois  
2450 S. Wolf Road, Suite D  
Westchester, IL 60154